

SWEETSER TELEPHONE COMPANY, INC.  
COMTECK OF INDIANA, INC.  
OAK HILL CABLEVISION, INC.  
210 N Main St.  
PO Box 200  
Sweetser, IN 46987  
(765) 384-4311

Received & Inspected  
OCT 22 2012  
FCC Mail Room

October 15, 2012

Ms. Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street, S.W.  
Washington, D.C. 20554

Administrator  
Universal Service Administrative Company  
2000 L Street, NW Suite 200  
Washington, DC 20036

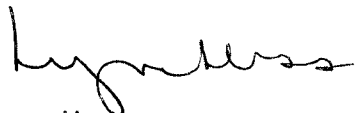
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500E  
Indianapolis, IN 46204

RE: FCC - WC Docket No. 10-90  
FCC ETC Reporting Requirements - 47 C.F.R. Section 54.313(a)(2) through (6) and (h)

In accordance with 47 C.F.R. Section 54.313(a)(2) through (6) and (h), annual ETC reporting requirements for high-cost recipients, Sweetser Telephone Co., Inc. (Carrier) hereby submits the following information as specified in Public Notice DA 12-279 released on May 8, 2012.

If you have any questions or comments, please do not hesitate to contact me at 765.384.4311 or [sweetser@comteck.com](mailto:sweetser@comteck.com).

Sincerely,



Lynn Hess  
Accountant

Attachment

No. of Copies rec'd 0  
List ABCDE

SWEETSER TELEPHONE COMPANY, INC.  
COMTECK OF INDIANA, INC.  
OAK HILL CABLEVISION, INC.

210 N Main St.  
PO Box 200  
Sweetser, IN 46987  
(765) 384-4311

Received & Inspected

OCT 22 2012

FCC Mail Room

**Section 54.313 Annual Report for 2012**  
**WC Docket No. 10-90**

Name of Company: Sweetser Telephone Co., Inc.

Address of Company: 210 N Main St, P.O. Box 200 Sweetser, IN 46987

Study Area Code (SAC): 320827

Name and Title of Officer Certifying Information: Scott A Winger, President

Sec. 54.313 (a)(2)

During calendar year 2011, Carrier experienced no service outages, as defined in 47 C.F.R. 4.5, affecting at least 10 percent of its end user customers or a 911 special facility, as defined in 47 C.F.R. 4.5(e), for a period lasting longer than 30 minutes for any service area it owns, operates, leases or otherwise utilizes.

Sec. 54.313 (a)(3)

Carrier was able to provide service to all potential customers that requested service during 2011, and as of December 31, 2011, Carrier had no unfulfilled requests for service.

Sec. 54.313 (a)(4)

During 2011, the number of complaints per 1,000 connections, fixed or mobile, was -0- for Carrier.

Sec. 54.313 (a)(5)

Carrier hereby certifies that it is complying with applicable service quality standards and consumer protection rules.

Sec. 54.313 (a)(6)

Carrier hereby certifies that it is capable of functioning in emergency situations as set forth in §54.202(a)(2). Specifically, Carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.


Sec. 54.313 (h)

Carrier receives or is projected to receive High Cost Loop Support in 2012, but has no monthly residential rates (plus relevant state fees) less than \$10.

SWEETSER TELEPHONE COMPANY, INC.  
COMTECK OF INDIANA, INC.  
OAK HILL CABLEVISION, INC.  
210 N Main St.  
PO Box 200  
Sweetser, IN 46987  
(765) 384-4311

Received & Inspected  
OCT 22 2012  
FCC Mail Room

I Scott A Winger, certify that I am an officer of the company named above and that I can certify under penalty of perjury to the accuracy of the information provided herein and make the certifications required by Section 54.313.



Signature of Certifying Officer

\_\_\_\_ Scott A Winger \_\_\_\_  
Name

\_\_\_\_ President \_\_\_\_  
Title

\_\_\_\_ 10/15/2012 \_\_\_\_  
Date

**Annual Reporting Requirements pursuant to § 54.313(a)(2)-(6)**

**WC Docket No. 10-90**

**§ 54.313(a)(2) – Outage reporting**

  X   My company was not required to collect this information in 2011.

       My company collected this information pursuant to state utility commission requirement.  
A copy of the report is attached.

**§ 54.313(a)(3) – Unfulfilled service requests**

  X   My company was not required to collect this information in 2011.

       My company collected this information pursuant to state utility commission requirement.  
A copy of the report is attached.

**§ 54.313(a)(4) – Customer complaints per 1000 connections**

  X   My company was not required to collect this information in 2011.

       My company collected this information pursuant to state utility commission requirement.  
A copy of the report is attached.

**§ 54.313(a)(5) – Service quality standards and consumer protection rules**

I certify that the reporting carrier is in compliance with applicable service quality standards and consumer protection rules.

**§ 54.313(a)(6) – Ability to function in emergency situations**

I certify that the reporting carrier can function in emergency situations as set forth in 47 CFR §54.202(a)(2). Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

I am authorized to make this certification on behalf of the company named above and, to the best of my knowledge the information reported on this form is accurate. This certification is for the study area(s) listed below. **(Please enter your Company Name, State and Study Area Code)**

Company Name	State	Study Area Code
Sweetser Telephone Co. Inc.	IN	320827

(If necessary, attach a separate list of additional study areas and check this box.)

☐

Signed,



[Signature of Corporate Officer]

Scott A Winger

[Printed Name of Corporate Officer]

President

[Title of Corporate Officer]

Date: 6/19/2012

Carrier's Name Sweetser Rural Telephone Co. Inc.

Carrier's Address 210 N Main, P. O. Box 200 Sweetser, IN 46987

Carrier's Telephone Number (765) 384-4311

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SWEETSER RURAL TEL					
Signature of Authorized Officer: Scott Winger				Digitally signed by Scott Winger DN.cn=Scott Winger, email=sweetser@comteck.com, O=sweetser rural tel, I=Sweetser IN 46987, Date 9/27/2012	
				Date: 9/27/2012	
Printed name of Authorized Officer: Scott Winger					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 765-384-4311					
Study Area Code of Reporting Carrier	320827		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

<b>Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier</b>					
I certify that (Name of Agent) <u>National Exchange Carriers Association, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent is accurate.					
Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u>					
Name of Reporting Carrier: <u>SWEETSER RURAL TEL</u>					
Signature of Authorized Officer: <b>Scott Winger</b>				Digitally signed by Scott Winger DN:cn=Scott Winger,email=sweetser@comteck.com,O=sweetser rural tel,I=Sweetser IN 46987, Date:9/27/2012 Date: <u>9/27/2012</u>	
Printed name of Authorized Officer: <u>Scott Winger</u>					
Title or position of Authorized Officer: <u>President</u>					
Telephone number of authorized officer: <u>765-384-4311</u>					
Study Area Code of Reporting Carrier	<u>320827</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>10/4/2012</u>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: SWEETSER RURAL TEL

**Scott Winger**

Digitally signed by Scott Winger DN:cn=Scott Winger,email=sweetser@comteck.com,O=sweetser rural tel,j=Sweetser IN 46987, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Scott Winger

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 765-384-4311

Study Area Code of Reporting Carrier

320827

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: SWEETSER RURAL TEL

**Scott Winger**

Digitally signed by Scott Winger DN: cn=Scott Winger, email=sweetser@comteck.com, O=sweetser rural tel, I=Sweetser IN 46987, Date: 9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Scott Winger

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 765-384-4311

Study Area Code of Reporting Carrier

320827

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.